



**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



FILE

RM

I. FACILITY INFORMATION

A. Facility:

| | | | |
|-------------------------------------|-------------------------|-----------------------------------|--------------------|
| Name: HOLLAND RIVERSIDE MARINA | | | |
| Address: 7000 HOLLAND TRACT ROAD | | | |
| City: BRENTWOOD | County: Contra Costa | State: CA | Zip Code: 94513 |
| Contact Person: KEVIN HINMAN | | Telephone Number: 925-634-3822 | |

B. Facility Owner:

| | | | | |
|--------------------------------------|--------------|-------------------------------|---|--|
| Name: CRUISER HAVEN INC. | | | Owner Type (Check One) | |
| Address: 1145 SECOND STREET #A202 | | | 1. <input type="checkbox"/> Individual 2. <input checked="" type="checkbox"/> Corporation | |
| City: BRENTWOOD | State: CA | Zip Code: 94513 | 3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership | |
| Contact Person: KEVIN HINMAN | | | 5. <input type="checkbox"/> Other: _____ | |
| Telephone Number: 925-628-7557 | | Federal Tax ID: 26-0166485 | | |

C. Facility Operator (The agency or business, not the person):

| | | | | |
|--------------------------------------|--------------|--------------------|---|--|
| Name: CRUISER HAVEN INC. | | | Operator Type (Check One) | |
| Address: 1145 SECOND STREET #A202 | | | 1. <input type="checkbox"/> Individual 2. <input checked="" type="checkbox"/> Corporation | |
| City: BRENTWOOD | State: CA | Zip Code: 94513 | 3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership | |
| Contact Person: KEVIN HINMAN | | | 5. <input type="checkbox"/> Other: _____ | |
| Telephone Number: 925-628-7557 | | | | |

D. Owner of the Land:

| | | | | |
|--------------------------------------|--------------|--------------------|---|--|
| Name: DELTA WATERWAYS LLC | | | Owner Type (Check One) | |
| Address: 1145 SECOND STREET #A202 | | | 1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation | |
| City: BRENTWOOD | State: CA | Zip Code: 94513 | 3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership | |
| Contact Person: KEVIN HINMAN | | | 5. <input checked="" type="checkbox"/> Other: <u>Limited Liability Company</u> | |
| Telephone Number: 925-628-7557 | | | | |

E. Address Where Legal Notice May Be Served:

| | | |
|-----------------|--------|-------------------|
| Address: | | |
| City: | State: | Zip Code: |
| Contact Person: | | Telephone Number: |

F. Billing Address:

| | | |
|-----------------|--------|-------------------|
| Address: | | |
| City: | State: | Zip Code: |
| Contact Person: | | Telephone Number: |

RECEIVED
SACRAMENTO
CVR WQCB
10 FEB 26 PM 2:38

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCY



State of California
Regional Water Quality Control Board

**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

☒ **A. WASTE DISCHARGE TO LAND**

☐ **B. WASTE DISCHARGE TO SURFACE WATER**

Check all that apply:

☒ Domestic/Municipal Wastewater
Treatment and Disposal

☐ Cooling Water

☐ Mining

☐ Waste Pile

☐ Wastewater Reclamation

☐ Other, please describe: _____

☐ Animal Waste Solids

☐ Land Treatment Unit

☐ Dredge Material Disposal

☐ Surface Impoundment

☐ Industrial Process Wastewater

☐ Animal or Aquacultural Wastewater

☐ Biosolids/Residual

☐ Hazardous Waste (see instructions)

☐ Landfill (see instructions)

☐ Storm Water

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s)

Facility:

Discharge Point:

2. Latitude

Facility:

Discharge Point:

3. Longitude

Facility:

Discharge Point:

IV. REASON FOR FILING

☐ New Discharge or Facility

☒ Changes in Ownership/Operator (see instructions)

☐ Change in Design or Operation

☐ Waste Discharge Requirements Update or NPDES Permit Reissuance

☐ Change in Quantity/Type of Discharge

☐ Other: _____

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: _____

Has a public agency determined that the proposed project is exempt from CEQA?

☐ Yes

☐ No

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.

Basis for Exemption/Agency: _____

Has a "Notice of Determination" been filed under CEQA?

☐ Yes

☐ No

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

☐ EIR

☐ Negative Declaration

Expected CEQA Completion Date: _____



**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: CRUISER HAVEN INC.

Title: PRESIDENT

Signature:

Date: 2/23/2010

FOR OFFICE USE ONLY

| | | | |
|-------------------------|-----------------------|----------------------|----------|
| Date Form 200 Received: | Letter to Discharger: | Fee Amount Received: | Check #: |
|-------------------------|-----------------------|----------------------|----------|